

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
 Lance Williams, Plaintiff,
 v.
 Resurrection Health Care, Defendant.

Case Number: 08-cv-02508

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
 Defendant, Resurrection Health Care

NAME (Type or print)	
Bruce R. Alper	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
S/ Bruce R. Alper	
FIRM	
Vedder Price P.C.	
STREET ADDRESS	
222 North LaSalle Street, Suite 2600	
CITY/STATE/ZIP	
Chicago, IL 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
03122801	312.609.7500
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>